

EXHIBIT D

- SENDER: COMPLETE THIS SECTION**
- Complete items 1, 2, and 3.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. PROMEDICA HEALTH SYSTEMS INC
G-4801-CI-0202002321-000#2 * AM
Complaint and motion



9590 9402 4429 8248 1991 49

2. Art 7019 0700 0000 5014 5874

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

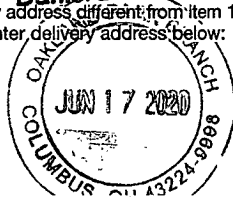
- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Daniel D. Kelley

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



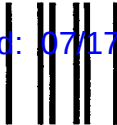
3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 4429 8248 1991 49

United States
Postal Service

FILLED

JUN 22 2020

Lucas Co. Quilter, Clerk
Bernie Quilter

• Sender: Please print your name, address, and ZIP+4® in this box •

**Bernie Quilter
Lucas County Clerk of Courts
700 Adams St.
Toledo, Ohio 43604**